Wagner	Wenstrup	Womack
Walberg	Westerman	Young
Walorski	Williams (TX)	Zeldin
Waltz	Wilson (SC)	
Weber (TX)	Wittman	

NOT VOTING—6

Deutch	Golden	Sherrill
Dunn	Murphy (FL)	Webster (FL)

□ 1619

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Allred (Stevens)	Lawson (FL) (Evans)	Owens (Stewart)
Cárdenas (Gallego)	Lieu (Beyer)	Payne (Pallone)
Crenshaw (Pfluger)	Lofgren (Jeffries)	Porter (Wexton)
Eshoo (Thompson (CA))	Lowenthal (Beyer)	Ruiz (Aguilar)
Fallon (Joyce (OH))	McEachin (Wexton)	Ruppersberger (Raskin)
Grijalva (García (IL))	Meng (Clark (MA))	Rush (Underwood)
Johnson (TX) (Jeffries)	Mfume (Connolly)	Sewell (DelBene)
Kirkpatrick (Stanton)	Moore (WI) (Beyer)	Strickland (DelBene)
	Napolitano (Correa)	Wilson (FL) (Hayes)

DISMISSING THE ELECTION CONTEST RELATING TO THE OFFICE OF REPRESENTATIVE FROM THE FOURTEENTH CONGRESSIONAL DISTRICT OF ILLINOIS

The SPEAKER pro tempore. Pursuant to section 7 of House Resolution 380, House Resolution 379 is hereby adopted.

The text of the resolution is as follows:

H. RES. 379

Resolved, That the election contest relating to the office of Representative from the Fourteenth Congressional District of Illinois is dismissed.

MOTION TO SUSPEND THE RULES AND PASS CERTAIN BILLS

Mr. HOYER. Mr. Speaker, pursuant to section 6 of House Resolution 380, I move to suspend the rules and pass H.R. 297, H.R. 433, H.R. 478, H.R. 586, H.R. 721, H.R. 768, H.R. 810, H.R. 1205, H.R. 1260, H.R. 1324, H.R. 1448, H.R. 1475, H.R. 1480, H.R. 2862, H.R. 2955, and H.R. 2981.

The other suspension bills, either a vote was not requested or, alternatively, one bill, for which a problem has arisen, we have pulled that. Hopefully, we will consider that tomorrow under suspension.

The Clerk read the title of the bills.

The text of the bills are as follows:

HAWAII NATIONAL FOREST STUDY

H.R. 297

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. HAWAII NATIONAL FOREST STUDY.

(a) DEFINITIONS.—In this section:

(1) SECRETARY.—The term ''Secretary'' means the Secretary of Agriculture, acting through the Chief of the Forest Service.

(2) STUDY AREA.—The term ''study area'' means the islands of Hawaii, Maui, Molokai, Lanai, Oahu, and Kauai in the State of Hawaii.

(b) STUDY.—

(1) IN GENERAL.—The Secretary shall conduct a study—

(A) to determine the suitability and feasibility of establishing a unit of the National Forest System in the study area; and

(B) to identify available land within the study area that could be included in the unit described in subparagraph (A).

(2) COORDINATION AND CONSULTATION.—In conducting the study under paragraph (1), the Secretary shall—

(A) coordinate with the Hawaii Department of Land and Natural Resources; and

(B) consult with the Hawaii Department of Agriculture and other interested governmental entities, private and nonprofit organizations, and any interested individuals.

(3) CONTENTS.—In conducting the study under paragraph (1), the Secretary shall—

(A) consider unique vegetation types that occur in the study area and that should be targeted for inclusion in the unit of the National Forest System described in paragraph (1)(A);

(B) evaluate the ability of the Secretary—

(i) to improve and protect forest areas within the study area; and

(ii) to secure favorable water flows within the study area;

(C) determine whether the unit of the National Forest System described in paragraph (1)(A) would expand, enhance, or duplicate—

(i) resource protection; and

(ii) visitor-use opportunities;

(D) consider parcels of an appropriate size or location to be capable of economical administration as part of the National Forest System separately or jointly with the other land identified under paragraph (1)(B);

(E) evaluate the willingness of landowners to sell or transfer land in the study area to the Secretary;

(F) evaluate the suitability of land in the study area for potential selection and designation as a research natural area or an experimental forest;

(G) identify cost estimates for any Federal acquisition, development, operation, and maintenance that would be needed to establish the unit of the National Forest System described in paragraph (1)(A); and

(H) consider other alternatives for the conservation, protection, and use of areas within the study area by the Federal Government, State or local government entities, or private and nonprofit organizations.

(c) EFFECT.—Nothing in this section authorizes the Secretary to take any action that would affect the use of any land owned by the United States or not owned by the United States.

(d) REPORT.—Not later than 3 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Energy and Natural Resources of the Senate and the Committee on Natural Resources of the House of Representatives a report that describes—

(1) the results of the study; and

(2) any conclusions and recommendations of the Secretary.

FAMILY SUPPORT SERVICES FOR ADDICTION ACT OF 2021

H.R. 433

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Family Support Services for Addiction Act of 2021''.

SEC. 2. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

''SEC. 553. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

''(a) DEFINITIONS.—In this section—

''(1) the term 'family community organization' means an independent nonprofit organization that—

''(A) mobilizes resources within and outside of the community of families with individuals living with addiction, to provide a support network, education, and evidence-informed tools for families and loved ones of individuals struggling with substance use disorders; and

''(B) is governed by experts in the field of addiction, which may include—

''(i) experts in evidence-informed interventions for family members;

''(ii) experts in the impact of addiction on family systems;

''(iii) families who have experience with substance use disorders and addiction; and

''(iv) other experts in the field of addiction; and

''(2) the term 'family support services' means resources or programs that support families that include an individual with substance use disorder.

''(b) GRANTS AUTHORIZED.—The Secretary shall award grants to family community organizations to enable such organizations to develop, expand, and enhance evidence-informed family support services.

''(c) FEDERAL SHARE.—The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

''(d) USE OF FUNDS.—Grants awarded under subsection (b)—

''(1) shall be used to develop, expand, and enhance community and statewide evidence-informed family support services; and

''(2) may be used to—

''(A) build connections between family support networks, including providing technical assistance between family community organizations and peer support networks, and with other family support services, focused on enhancing knowledge of evidence-informed interventions for family members and loved ones of individuals living with substance use disorders and reducing harm by educating service providers on current evidence regarding addiction and the family, including—

''(i) behavioral health providers, including such providers focused specifically on family and couples therapy in the context of addiction;

''(ii) primary care providers;

''(iii) providers of foster care services or support services for grandparents, guardians, and other extended family impacted by addiction; and

''(iv) other family support services that connect to community resources for individuals with substance use disorders, including non-clinical community services;

''(B) reduce stigma associated with the family of individuals with substance use disorders by improving knowledge about addiction and its treatment, providing compassionate support, and dispelling myths that perpetuate such stigma;

''(C) conduct outreach on issues relating to substance use disorders and family support, which may include education, training, and resources with respect to—

''(i) building a resilience- and strengths-based approach to prevention of, and living with, addiction in the family;

''(ii) identifying the signs of substance use disorder;

''(iii) adopting an approach that minimizes harm to all family members; and

''(iv) families of individuals with a substance use disorder, including with respect to—

''(I) navigating the treatment and recovery systems;

''(II) paying for addiction treatment;

''(III) education about substance use disorder; and

''(IV) avoiding predatory treatment programs; and

''(D) connect families to evidence-informed peer support programs.

''(e) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period, the entity shall submit data, as appropriate and to the extent practicable, to the Secretary regarding—

''(1) the programs and activities funded by the grant;

''(2) health outcomes of the population of individuals with a substance use disorder who received services through programs supported by the grant, as evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary; and

''(3) any other information that the secretary may require for the purpose of ensuring that the grant recipient is complying with all the requirements of the grant.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2022 through 2026.''.

BLACKWATER TRADING POST LAND TRANSFER ACT

H.R. 478

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Blackwater Trading Post Land Transfer Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) BLACKWATER TRADING POST LAND.—The term ''Blackwater Trading Post Land'' means the approximately 55.3 acres of land as depicted on the map that—

(A) is located in Pinal County, Arizona, and bordered by Community land to the east, west, and north and State Highway 87 to the south; and

(B) is owned by the Community.

(2) COMMUNITY.—The term ''Community'' means the Gila River Indian Community of the Reservation.

(3) MAP.—The term ''map'' means the map entitled ''Results of Survey, Ellis Property, A Portion of the West ½ of Section 12, Township 5 South, Range 7 East, Gila and Salt River Meridian, Pinal County, Arizona'' and dated October 15, 2012.

(4) RESERVATION.—The term ''Reservation'' means the land located within the exterior boundaries of the reservation created under sections 3 and 4 of the Act of February 28, 1859 (11 Stat. 401, chapter LXVI), and Executive orders of August 31, 1876, June 14, 1879, May 5, 1882, November 15, 1883, July 31, 1911, June 2, 1913, August 27, 1914, and July 19, 1915, and any other lands placed in trust for the benefit of the Community.

(5) SECRETARY.—The term ''Secretary'' means the Secretary of the Interior.

SEC. 3. LAND TAKEN INTO TRUST FOR BENEFIT OF THE GILA RIVER INDIAN COMMUNITY.

(a) IN GENERAL.—The Secretary shall take the Blackwater Trading Post land into trust for the benefit of the Community, after the Community—

(1) conveys to the Secretary all right, title, and interest of the Community in and to the Blackwater Trading Post Land;

(2) submits to the Secretary a request to take the Blackwater Trading Post Land into trust for the benefit of the Community;

(3) conducts a survey (to the satisfaction of the Secretary) to determine the exact acreage and legal description of the Blackwater Trading Post Land, if the Secretary determines a survey is necessary; and

(4) pays all costs of any survey conducted under paragraph (3).

(b) AVAILABILITY OF MAP.—Not later than 180 days after the Blackwater Trading Post Land is taken into trust under subsection (a), the map shall be on file and available for public inspection in the appropriate offices of the Secretary.

(c) LANDS TAKEN INTO TRUST PART OF RESERVATION.—After the date on which the Blackwater Trading Post Land is taken into trust under subsection (a), the land shall be treated as part of the Reservation.

(d) GAMING.—Class II and class III gaming under the Indian Gaming Regulatory Act (25 U.S.C. 2701 et seq.) shall not be allowed at any time on the land taken into trust under subsection (a).

(e) DESCRIPTION.—Not later than 180 days after the date of enactment of this Act, the Secretary shall cause the full metes-and-bounds description of the Blackwater Trading Post Land to be published in the Federal Register. The description shall, on publication, constitute the official description of the Blackwater Trading Post Land.

SUICIDE TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2021

H.R. 586

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2021'' or the ''STANDUP Act of 2021''.

SEC. 2. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

(a) IN GENERAL.—Title V of the Public Health Service Act is amended by inserting after section 520A of such Act (42 U.S.C. 290bb–32) the following:

''SEC. 520B. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICIES.

''(a) IN GENERAL.—As a condition on receipt of funds under section 520A, each State educational agency, local educational agency, and Tribal educational agency that receives such funds, directly or through a State or Indian Tribe, for activities to be performed within secondary schools, including the Project AWARE State Education Agency Grant Program, shall—

''(1) establish and implement a school-based student suicide awareness and prevention training policy;

''(2) consult with stakeholders (including principals, teachers, parents, local Tribal officials, and other school leaders) in the development of the policy under subsection (a)(1); and

''(3) collect and report information in accordance with subsection (c).

''(b) SCHOOL-BASED STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICY.—A school-based student suicide awareness and prevention training policy implemented pursuant to subsection (a)—

''(1) shall be evidence-based;

''(2) shall be culturally and linguistically appropriate;

''(3) shall provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health service providers as defined in section 4102(6) of the Elementary and Secondary Education Act of 1965, if applicable, regarding—

''(A) suicide education and awareness, including warning signs of self-harm or suicidal ideation;

''(B) methods that students can use to seek help for themselves and others; and

''(C) student resources for suicide awareness and prevention;

''(4) shall provide for retraining of such students every school year;

''(5) may last for such period as the State educational agency, local educational agency, or Tribal educational agency involved determines to be appropriate;

''(6) may be implemented through any delivery method, including in-person trainings, digital trainings, or train-the-trainer models; and

''(7) may include discussion of comorbidities or risk factors for suicidal ideation or self-harm, including substance misuse, sexual or physical abuse, mental illness, or other evidence-based comorbidities and risk factors.

''(c) COLLECTION OF INFORMATION AND REPORTING.—Each State educational agency, local educational agency, and Tribal educational agency that receives funds under section 520A shall, with respect to each school served by the agency, collect and report to the Secretary the following information:

''(1) The number of student trainings conducted.

''(2) The number of students trained, disaggregated by age and grade level.

''(3) The number of help-seeking reports made by students after implementation of such policy.

''(d) EVIDENCE-BASED PROGRAM LISTING.—The Secretary of Health and Human Services shall coordinate with the Secretary of Education to make publicly available the policies established by State educational agencies, local educational agencies, and Tribal educational agencies pursuant to this section and the training that is available to students and teams pursuant to such policies, including identification of whether such training is available to trainees at no cost.

''(e) IMPLEMENTATION TIMELINE.—A State educational agency, local educational agency, or Tribal educational agency shall establish and begin implementation of the policies required by subsection (a)(1) not later than the beginning of the third fiscal year following the date of enactment of this section for which the agency receives funds under section 520A.

''(f) DEFINITIONS.—In this section and section 520B–1:

''(1) The term 'evidence-based' has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

''(2) The term 'local educational agency' has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

''(3) The term 'State educational agency' has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

''(4) The term 'Tribal educational agency' has the meaning given to the term 'tribal educational agency' in section 6132 of the Elementary and Secondary Education Act of 1965.

''SEC. 520B–1. BEST PRACTICES FOR STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

''The Secretary of Health and Human Services, in consultation with the Secretary of Education and the Bureau of Indian Education, shall—

''(1) publish best practices for school-based student suicide awareness and prevention training, pursuant to section 520B, that are based on—

''(A) evidence-based practices; and

''(B) input from relevant Federal agencies, national organizations, Indian Tribes and Tribal organizations, and related stakeholders;

''(2) publish guidance, based on the best practices under paragraph (1), to provide State educational agencies, local educational agencies, and Tribal educational agencies with information on student suicide awareness and prevention best practices;

''(3) disseminate such best practices to State educational agencies, local educational agencies, and Tribal educational agencies; and

''(4) provide technical assistance to State educational agencies, local educational agencies, and Tribal educational agencies.''.

SEC. 3. EFFECTIVE DATE.

The amendments made by this Act shall only apply with respect to applications for assistance under section 520A of the Public Health Service Act (42 U.S.C. 290bb–32) that are submitted after the date of enactment of this Act.

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2021

H.R. 721

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Mental Health Services for Students Act of 2021''.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) TECHNICAL AMENDMENTS.—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

(1) by redesignating such part as part J; and

(2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(b) SCHOOL-BASED MENTAL HEALTH AND CHILDREN.—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) (relating to children and violence) is amended to read as follows:

''SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

''(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

''(1) developmentally, linguistically, and culturally appropriate;

''(2) trauma-informed; and

''(3) incorporate positive behavioral interventions and supports.

''(b) ACTIVITIES.—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

''(1) implementation of school and community-based mental health programs that—

''(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

''(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

''(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

''(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

''(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children's mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

''(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

''(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

''(B) at least 1 community-based mental health provider, including a public or private mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

''(2) COMPLIANCE WITH HIPAA.—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

''(3) COMPLIANCE WITH FERPA.—Section 444 of the General Education Provisions Act (commonly known as the 'Family Educational Rights and Privacy Act of 1974') shall apply to any entity that is a member of the partnership in the same manner that such section applies to an educational agency or institution (as that term is defined in such section).

''(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

''(e) DURATION OF AWARDS.—With respect to a grant, contract, or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 5 years, with options for renewal.

''(f) EVALUATION AND MEASURES OF OUTCOMES.—

''(1) DEVELOPMENT OF PROCESS.—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

''(A) the development of guidelines for the submission of program data by grant, contract, or cooperative agreement recipients;

''(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

''(C) the submission of annual reports by such recipients concerning the effectiveness of programs carried out under this section.

''(2) MEASURES OF OUTCOMES.—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

''(3) SUBMISSION OF ANNUAL DATA.—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

''(4) EVALUATION BY ASSISTANT SECRETARY.—Based on the data submitted under paragraph (3), the Assistant Secretary shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

''(5) LIMITATION.—An eligible entity shall use not more than 20 percent of amounts received under a grant under this section to carry out evaluation activities under this subsection.

''(g) INFORMATION AND EDUCATION.—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

''(h) AMOUNT OF GRANTS AND AUTHORIZATION OF APPROPRIATIONS.—

''(1) AMOUNT OF GRANTS.—A grant under this section shall be in an amount that is not more than $2,000,000 for each of the first 5 fiscal years following the date of enactment of the Mental Health Services for Students Act of 2021. The Secretary shall determine the amount of each such grant based on the population of children up to age 21 of the area to be served under the grant.

''(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $130,000,000 for each of fiscal years 2022 through 2025.''.

(c) CONFORMING AMENDMENT.—Part G of title V of the Public Health Service Act (42 U.S.C. 290hh et seq.), as amended by subsection (b), is further amended by striking the part designation and heading and inserting the following:

''PART G—SCHOOL-BASED MENTAL HEALTH''.

BLOCK, REPORT, AND SUSPEND SUSPICIOUS SHIPMENTS ACT OF 2021

H.R. 768

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Block, Report, And Suspend Suspicious Shipments Act of 2021''.

SEC. 2. CLARIFICATION OF PROCESS FOR REGISTRANTS TO EXERCISE DUE DILIGENCE UPON DISCOVERING A SUSPICIOUS ORDER.

(a) IN GENERAL.—Paragraph (3) of section 312(a) of the Controlled Substances Act (21 U.S.C. 832(a)) is amended to read as follows:

''(3) upon discovering a suspicious order or series of orders—

''(A) exercise due diligence;

''(B) establish and maintain (for not less than a period to be determined by the Administrator of the Drug Enforcement Administration) a record of the due diligence that was performed;

''(C) decline to fill the order or series of orders if the due diligence fails to resolve all of the indicators that gave rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser; and

''(D) notify the Administrator of the Drug Enforcement Administration and the Special Agent in Charge of the Division Office of the Drug Enforcement Administration for the area in which the registrant is located or conducts business of—

''(i) each suspicious order or series of orders discovered by the registrant; and

''(ii) the indicators giving rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser.''.

(b) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, for purposes of section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), the Attorney General of the United States shall promulgate a final regulation specifying the indicators that give rise to a suspicion that filling an order or series of orders would cause a violation of the Controlled Substances Act (21 U.S.C. 801 et seq.) by a registrant or a prospective purchaser.

(c) APPLICABILITY.—Section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), shall apply beginning on the day that is 1 year after the date of enactment of this Act. Until such day, section 312(a)(3) of the Controlled Substances Act shall apply as such section 312(a)(3) was in effect on the day before the date of enactment of this Act.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

CHIEF STANDING BEAR NATIONAL HISTORIC TRAIL FEASIBILITY STUDY

H.R. 810

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CHIEF STANDING BEAR NATIONAL HISTORIC TRAIL FEASIBILITY STUDY.

Section 5(c) of the National Trails System Act (16 U.S.C. 1244(c)) is amended by adding at the end the following:

''(xx) CHIEF STANDING BEAR NATIONAL HISTORIC TRAIL.—The Chief Standing Bear Trail, extending approximately 550 miles from Niobrara, Nebraska, to Ponca City, Oklahoma, which follows the route taken by Chief Standing Bear and the Ponca people during Federal Indian removal, and approximately 550 miles from Ponca City, Oklahoma, through Omaha, Nebraska, to Niobrara, Nebraska, which follows the return route taken by Chief Standing Bear and the Ponca people.''.

IMPROVING MENTAL HEALTH ACCESS FROM THE EMERGENCY DEPARTMENT ACT OF 2021

H.R. 1205

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Improving Mental Health Access from the Emergency Department Act of 2021''.

SEC. 2. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

The Public Health Service Act is amended by inserting after section 520J of such Act (42 U.S.C. 290bb–31) the following new section:

''SEC. 520J–1. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

''(a) IN GENERAL.—The Secretary may award grants on a competitive basis to qualifying health providers to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department.

''(b) ELIGIBLE GRANT RECIPIENTS.—In this section, the term 'qualifying health provider' means a health care facility licensed under applicable law that—

''(1) has an emergency department;

''(2) is staffed by medical personnel (such as emergency physicians, psychiatrists, psychiatric registered nurses, mental health technicians, clinical social workers, psychologists, and therapists) capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive appropriate setting; and

''(3) has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

''(c) USE OF FUNDS.—A qualifying health provider receiving funds under this section shall use such funds to create, support, or expand programs or projects intended to assist individuals who are treated at the provider's emergency department for acute mental health episodes and to expeditiously transition such individuals to an appropriate facility or setting for follow-on care. Such use of funds may support the following:

''(1) Expediting placement in appropriate facilities through activities such as expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services.

''(2) Increasing the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric facilities.

''(3) Use of alternative approaches to providing psychiatric care in the emergency department setting, including through telepsychiatric support and other remote psychiatric consultation, implementation of peak period crisis clinics, or creation of psychiatric emergency service units.

''(4) Use of approaches that include proactive followup such as telephone check-ins, telemedicine, or other technology-based outreach to individuals during the period of transition.

''(5) Such other activities as are determined by the Secretary to be appropriate, consistent with subsection (a).

''(d) APPLICATION.—A qualifying health provider desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

''(1) A description of identified need for acute mental health services in the provider's service area.

''(2) A description of the existing efforts of the provider to meet the need for acute mental health services in the service area, and identified gaps in the provision of such services.

''(3) A description of the proposed use of funds to meet the need and gaps identified pursuant to paragraph (2).

''(4) A description of how the provider will coordinate efforts with Federal, State, local, and private entities within the service area.

''(5) A description of program objectives, how the objectives are proposed to be met, and how the provider will evaluate outcomes relative to objectives.

''(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $15,000,000 for each of fiscal years 2022 through 2026.''.

BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF 2021

H.R. 1260

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Bipartisan Solution to Cyclical Violence Act of 2021''.

SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

''SEC. 399V–7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

''(a) AUTHORITY ESTABLISHED.—

''(1) IN GENERAL.—The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.

''(2) FIRST AWARD.—Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).

''(3) GRANT DURATION.—Each grant awarded under paragraph (1) shall be for a period of three years.

''(4) GRANT AMOUNT.—The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than $250,000 and not more than $500,000.

''(5) SUPPLEMENT NOT SUPPLANT.—A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a)(1), an entity shall—

''(1) either be—

''(A) a State-designated trauma center, or a trauma center verified by the American College of Surgeons, that conducts or seeks to conduct a violence intervention or violence prevention program; or

''(B) a nonprofit entity that conducts or seeks to conduct a program described in subparagraph (A) in cooperation with a trauma center described in such subparagraph;

''(2) serve a community in which at least 100 incidents of intentional violent trauma occur annually; and

''(3) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(c) SELECTION OF GRANT RECIPIENTS.—

''(1) GEOGRAPHIC DIVERSITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall ensure that collectively grantees represent a diversity of geographic areas.

''(2) PRIORITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall prioritize applicants that serve one or more communities with high absolute numbers or high rates of intentional violent trauma.

''(3) HEALTH PROFESSIONAL SHORTAGE AREAS.—

''(A) ENCOURAGEMENT.—The Secretary shall encourage entities described in paragraphs (1) and (2) that are located in or serve a health professional shortage area to apply for grants under subsection (a)(1).

''(B) DEFINITION.—In subparagraph (A), the term 'health professional shortage area' means a health professional shortage area designated under section 332.

''(d) REPORTS.—

''(1) REPORTS TO SECRETARY.—

''(A) IN GENERAL.—An entity that receives a grant under subsection (a)(1) shall submit reports on the use of the grant funds to the Secretary, including progress reports, as required by the Secretary. Such reports shall include—

''(i) any findings of the program established, or expanded, by the entity through the grant; and

''(ii) if applicable, the manner in which the entity has incorporated such findings in the violence intervention or violence prevention program conducted by such entity.

''(B) OPTION FOR JOINT REPORT.—To the extent feasible and appropriate, an entity that receives a grant under subsection (a)(1) may elect to coordinate with one or more other entities that have received such a grant to submit a joint report that meets the requirements of subparagraph (A).

''(2) REPORT TO CONGRESS.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2021, the Secretary shall submit to Congress a report—

''(A) on any findings resulting from reports submitted to the Secretary under paragraph (1);

''(B) on best practices developed by the Secretary under subsection (e); and

''(C) with recommendations for legislative action relating to intentional violent trauma prevention that the Secretary determines appropriate.

''(e) BEST PRACTICES.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2021, the Secretary shall—

''(1) develop, and post on a public website of the Department of Health and Human Services, best practices for intentional violent trauma prevention, based on any findings reported to the Secretary under subsection (d)(1); and

''(2) disseminate such best practices to stakeholders, as determined appropriate by the Secretary.

''(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $10,000,000 for the period of fiscal years 2022 through 2025.''.

EFFECTIVE SUICIDE SCREENING AND ASSESSMENT IN THE EMERGENCY DEPARTMENT ACT OF 2021

H.R. 1324

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Effective Suicide Screening and Assessment in the Emergency Department Act of 2021''.

SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

''SEC. 399V–7. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

''(a) IN GENERAL.—The Secretary shall establish a program (in this Act referred to as the 'Program') to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, including by—

''(1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and

''(2) enhancing the coordination of care for such individuals after discharge.

''(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

''(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 40 eligible health care sites described in paragraph (2).

''(2) ELIGIBILITY.—To be eligible for a grant under this section, a health care site shall—

''(A) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may specify;

''(B) be a hospital (as defined in section 1861(e) of the Social Security Act);

''(C) have an emergency department; and

''(D) deploy onsite health care or social service professionals to help connect and integrate patients who are at risk of suicide with treatment and mental health support services.

''(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible health care sites described in paragraph (2) that meet at least one of the following criteria:

''(A) The eligible health care site is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act).

''(B) The eligible health care site is a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of the Social Security Act).

''(C) The eligible health care site is operated by the Indian Health Service, by an Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).

''(D) The eligible health care site is located in a geographic area with a suicide rate that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

''(c) PERIOD OF GRANT.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.

''(d) GRANT USES.—

''(1) REQUIRED USES.—A grant awarded under this section to an eligible health care site shall be used for the following purposes:

''(A) To train emergency department health care professionals to identify, assess, and treat patients who are at risk of suicide.

''(B) To establish and implement policies and procedures for emergency departments to improve the identification, assessment, and treatment of individuals who are at risk of suicide.

''(C) To establish and implement policies and procedures with respect to care coordination, integrated care models, or referral to evidence-based treatment to be used upon the discharge from the emergency department of patients who are at risk of suicide.

''(2) ADDITIONAL PERMISSIBLE USES.—In addition to the required uses listed in paragraph (1), a grant awarded under this section to an eligible health care site may be used for any of the following purposes:

''(A) To hire emergency department psychiatrists, psychologists, nurse practitioners, counselors, therapists, or other licensed health care and behavioral health professionals specializing in the treatment of individuals at risk of suicide.

''(B) To develop and implement best practices for the follow-up care and long-term treatment of individuals who are at risk of suicide.

''(C) To increase the availability of, and access to, evidence-based treatment for individuals who are at risk of suicide, including through telehealth services and strategies to reduce the boarding of these patients in emergency departments.

''(D) To offer consultation with and referral to other supportive services that provide evidence-based treatment and recovery for individuals who are at risk of suicide.

''(e) REPORTING REQUIREMENTS.—

''(1) REPORTS BY GRANTEES.—Each eligible health care site receiving a grant under this section shall submit to the Secretary an annual report for each year for which the grant is received on the progress of the program funded through the grant. Each such report shall include information on—

''(A) the number of individuals screened in the site's emergency department for being at risk of suicide;

''(B) the number of individuals identified in the site's emergency department as being—

''(i) survivors of an attempted suicide; or

''(ii) are at risk of suicide;

''(C) the number of individuals who are identified in the site's emergency department as being at risk of suicide by a health care or behavioral health professional hired pursuant to subsection (d)(2)(A);

''(D) the number of individuals referred by the site's emergency department to other treatment facilities, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

''(E) the effectiveness of programs and activities funded through the grant in preventing suicides and suicide attempts; and

''(F) any other relevant additional data regarding the programs and activities funded through the grant.

''(2) REPORT BY SECRETARY.—Not later than one year after the end of fiscal year 2026, the Secretary shall submit to Congress a report that includes—

''(A) findings on the Program;

''(B) overall patient outcomes achieved through the Program;

''(C) an evaluation of the effectiveness of having a trained health care or behavioral health professional onsite to identify, assess, and treat patients who are at risk of suicide; and

''(D) a compilation of policies, procedures, and best practices established, developed, or implemented by grantees under this section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $20,000,000 for the period of fiscal years 2022 through 2026.''.

PUPPIES ASSISTING WOUNDED SERVICEMEMBERS FOR VETERANS THERAPY ACT

H.R. 1448

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Puppies Assisting Wounded Servicemembers for Veterans Therapy Act'' or the ''PAWS for Veterans Therapy Act''.

SEC. 2. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM ON DOG TRAINING THERAPY.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of the Act, the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide canine training to eligible veterans diagnosed with post-traumatic stress disorder (in this section referred to as ''PTSD'') as an element of a complementary and integrative health program for such veterans.

(b) DURATION; MEDICAL CENTERS.—

(1) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a five-year period beginning on the date of the commencement of the pilot program.

(2) MEDICAL CENTERS.—The Secretary shall ensure that such pilot program is carried out by not fewer than five medical centers of the Department of Veterans Affairs located in geographically diverse areas.

(c) AGREEMENTS WITH ENTITIES.—In carrying out the pilot program under subsection (a), the Secretary shall seek to enter into agreements with nongovernmental entities that the Secretary determines have the demonstrated ability to provide the canine training specified in subsection (a).

(d) REQUIRED CONDITIONS.—The Secretary shall include in any agreement under subsection (c) conditions requiring that the nongovernmental entity seeking to enter into the agreement—

(1) submits to the Secretary certification that the entity is an accredited service dog training organization;

(2) agrees to ensure that veterans participating in the pilot program under subsection (a) receive training from certified service dog training instructors for a period of time determined appropriate by the entity;

(3) agrees to ensure that veterans participating in such pilot program are prohibited from having access to a dog under such pilot program at any time during such participation without the supervision of a certified service dog training instructor;

(4) agrees to ensure that veterans participating in such pilot program receive training in skills unique to the needs of the veteran to address or alleviate PTSD symptoms of the veteran;

(5) agrees not to use shock collars or prong collars as training tools and to use positive reinforcement training; and

(6) agrees to provide any follow-up training support specified in subsection (e)(2), as applicable.

(e) ADOPTION OF DOG.—

(1) IN GENERAL.—A veteran who has participated in the pilot program under subsection (a) may adopt a dog that the veteran assisted in training during such pilot program if the veteran and the veteran's health provider (in consultation with the entity that provided the canine training with respect to the dog under such pilot program) determine that it is in the best interest of the veteran.

(2) FOLLOW-UP TRAINING SUPPORT.—If a veteran adopts a dog under paragraph (1), the entity that provided the canine training with respect to the dog under the pilot program shall provide follow-up training support for the life of the dog. Such support shall include the provision of a contact plan between the veteran and the entity that enables the veteran to seek and receive assistance from the entity to ensure the dog is being properly cared for.

(f) ELIGIBILITY FOR OTHER CARE AND TREATMENT.—Participation in the pilot program under subsection (a) may not preclude a veteran from receiving any other medical care or treatment for PTSD furnished by the Department, including therapy, for which the veteran is otherwise eligible.

(g) COLLECTION OF DATA.—In carrying out this section, the Secretary shall—

(1) develop metrics and other appropriate means to measure, with respect to veterans participating in the pilot program under subsection (a)—

(A) the number of such veterans participating;

(B) the satisfaction of such veterans with the pilot program;

(C) whether participation in the pilot program resulted in any clinically relevant improvements for such veterans, as determined by the health care provider or clinical team that referred the veteran to participate in the pilot program; and

(D) such other factors as the Secretary may determine appropriate; and

(2) establish processes to document and track the progress of such veterans under the pilot program with respect to health benefits and improvements.

(h) REPORT BY SECRETARY.—Not later than one year before the date on which the pilot program under subsection (a) terminates, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the recommendations of the Secretary regarding—

(1) whether to extend or make permanent the pilot program; and

(2) the feasibility and advisability of expanding the pilot program to address mental health conditions other than PTSD.

(i) GAO BRIEFING AND STUDY.—

(1) BRIEFING.—Not later than one year after the date of the commencement of the pilot program under subsection (a), the Comptroller General of the United States shall provide to the Committees on Veterans' Affairs of the House of Representatives and the Senate a briefing on the methodology established for the pilot program.

(2) REPORT.—Not later than 270 days after the date on which the pilot program terminates, the Comptroller General shall submit to the committees specified in paragraph (1) a report on the pilot program. Such report shall include an evaluation of the approach and methodology used for the pilot program with respect to—

(A) assisting veterans with PTSD; and

(B) measuring relevant metrics, such as reduction in scores under the Clinician Administered PTSD Scale (CAPS), improvement in psychosocial function, and therapeutic compliance.

(j) DEFINITIONS.—In this section:

(1) The term ''accredited service dog training organization'' means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 that—

(A) provides service dogs to veterans with PTSD; and

(B) is accredited by an accrediting organization with demonstrated experience, national scope, and recognized leadership and expertise in the training of service dogs and education in the use of service dogs (as determined by the Secretary).

(2) The term ''eligible veteran'' means a veteran who—

(A) is enrolled in the patient enrollment system in the Department of Veterans Affairs under section 1705 of title 38, United States Code; and

(B) has been recommended for participation in the pilot program under subsection (a) by a qualified mental health care provider or clinical team based on medical judgment that the veteran may benefit from such participation with respect to the diagnosed PTSD of the veteran.

(3) The term ''service dog training instructor'' means an instructor who provides the direct training of veterans with PTSD in the art and science of service dog training and handling.

SEC. 3. PROVISION OF SERVICE DOGS AND VETERINARY INSURANCE BENEFITS TO VETERANS WITH POST-TRAUMATIC STRESS DISORDER WHO DO NOT HAVE CERTAIN IMPAIRMENTS.

(a) IN GENERAL.—Section 1714 of title 38, United States Code, is amended by adding at the end the following new subsections:

''(e) The Secretary may provide a service dog to a veteran under subsection (c)(3) regardless of whether the veteran has a mobility impairment.

''(f)(1) The Secretary shall provide to any veteran described in paragraph (2) a commercially available veterinary insurance policy for each dog provided to such veteran under subsection (b) or (c).

''(2) A veteran described in this paragraph is a veteran who—

''(A) is diagnosed with post-traumatic stress disorder or a visual, hearing, or substantial mobility impairment;

''(B) has received a dog under subsection (b) or (c) in connection with such disorder or impairment; and

''(C) meets such other requirements as the Secretary may prescribe.''.

(b) APPLICABILITY.—Section 1714(f) of title 38, United States Code, as added by subsection (a), shall apply with respect to a veteran provided a dog by the Secretary of Veterans Affairs on or after the date of the enactment of this Act.

PURSUING EQUITY IN MENTAL HEALTH ACT

H.R. 1475

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Pursuing Equity in Mental Health Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

Sec. 101. Integrated Health Care Demonstration Program.
Sec. 102. Addressing racial and ethnic minority mental health disparities research gaps.
Sec. 103. Health professions competencies to address racial and ethnic minority mental health disparities.
Sec. 104. Racial and ethnic minority behavioral and mental health outreach and education strategy.
Sec. 105. Additional funds for National Institutes of Health.
Sec. 106. Additional funds for National Institute on Minority Health and Health Disparities.

TITLE II—OTHER PROVISIONS

Sec. 201. Reauthorization of Minority Fellowship Program.

Sec. 202. Study on the Effects of Smartphone and Social Media Use on Adolescents.
Sec. 203. Technical correction.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION PROGRAM.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by inserting after section 553 of such Act (as redesignated and moved by section 203 of this Act) the following:

"SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR PROVISION OF BEHAVIORAL HEALTH CARE IN PRIMARY CARE SETTINGS.

''(a) GRANTS.—The Secretary shall award grants to eligible entities for the purpose of establishing interprofessional health care teams that provide behavioral health care.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act), rural health clinic, or behavioral health program, serving a high proportion of individuals from racial and ethnic minority groups (as defined in section 1707(g)).

''(c) SCIENTIFICALLY BASED.—Integrated health care funded through this section shall be scientifically based, taking into consideration the results of the most recent peer-reviewed research available.

''(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $20,000,000 for each of the first 5 fiscal years following the date of enactment of the Pursuing Equity in Mental Health Act.''.

SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES RESEARCH GAPS.

Not later than 6 months after the date of the enactment of this Act, the Director of the National Institutes of Health shall enter into an arrangement with the National Academies of Sciences, Engineering, and Medicine (or, if the National Academies of Sciences, Engineering, and Medicine decline to enter into such an arrangement, the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, or another appropriate entity)—

(1) to conduct a study with respect to mental health disparities in racial and ethnic minority groups (as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g))); and

(2) to submit to the Congress a report on the results of such study, including—

(A) a compilation of information on the dynamics of mental disorders in such racial and ethnic minority groups; and

(B) a compilation of information on the impact of exposure to community violence, adverse childhood experiences, structural racism, and other psychological traumas on mental disorders in such racial and minority groups.

SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO ADDRESS RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES.

(a) IN GENERAL.—The Secretary of Health and Human Services may award grants to qualified national organizations for the purposes of—

(1) developing, and disseminating to health professional educational programs best practices or core competencies addressing mental health disparities among racial and ethnic minority groups for use in the training of students in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling; and

(2) certifying community health workers and peer wellness specialists with respect to such best practices and core competencies and integrating and expanding the use of such workers and specialists into health care to address mental health disparities among racial and ethnic minority groups.

(b) BEST PRACTICES; CORE COMPETENCIES.—Organizations receiving funds under subsection (a) may use the funds to engage in the following activities related to the development and dissemination of best practices or core competencies described in subsection (a)(1):

(1) Formation of committees or working groups comprised of experts from accredited health professions schools to identify best practices and core competencies relating to mental health disparities among racial and ethnic minority groups.

(2) Planning of workshops in national fora to allow for public input into the educational needs associated with mental health disparities among racial and ethnic minority groups.

(3) Dissemination and promotion of the use of best practices or core competencies in undergraduate and graduate health professions training programs nationwide.

(4) Establishing external stakeholder advisory boards to provide meaningful input into policy and program development and best practices to reduce mental health disparities among racial and ethnic minority groups.

(c) DEFINITIONS.—In this section:

(1) QUALIFIED NATIONAL ORGANIZATION.—The term ''qualified national organization'' means a national organization that focuses on the education of students in one or more of the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling.

(2) RACIAL AND ETHNIC MINORITY GROUP.—The term ''racial and ethnic minority group'' has the meaning given to such term in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g)).

SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by inserting after section 554 of such Act, as added by section 101 of this Act, the following:

"SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

''(a) IN GENERAL.—The Secretary shall, in consultation with advocacy and behavioral and mental health organizations serving racial and ethnic minority groups, develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among racial and ethnic minority groups. Such strategy shall—

''(1) be designed to—

''(A) meet the diverse cultural and language needs of the various racial and ethnic minority groups; and

''(B) be developmentally and age-appropriate;

''(2) increase awareness of symptoms of mental illnesses common among such groups, taking into account differences within at-risk subgroups;

''(3) provide information on evidence-based, culturally and linguistically appropriate and adapted interventions and treatments;

''(4) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

''(5) seek to broaden the perspective among both individuals in these groups and stakeholders serving these groups to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of health by focusing on the intersection between behavioral and physical health.

''(b) REPORTS.—Beginning not later than 1 year after the date of the enactment of this section and annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report on the extent to which the strategy developed and implemented under subsection (a) increased behavioral and mental health outcomes associated with mental health conditions and substance abuse among racial and ethnic minority groups.

''(c) DEFINITION.—In this section, the term 'racial and ethnic minority group' has the meaning given to that term in section 1707(g).

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $10,000,000 for each of fiscal years 2022 through 2026.''.

SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—In addition to amounts otherwise authorized to be appropriated to the National Institutes of Health, there is authorized to be appropriated to such Institutes $100,000,000 for each of fiscal years 2022 through 2026 to build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and mental health.

(b) DEFINITION.—In this section, the term ''clinical research'' has the meaning given to such term in section 409 of the Public Health Service Act (42 U.S.C. 284d).

SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES.

In addition to amounts otherwise authorized to be appropriated to the National Institute on Minority Health and Health Disparities, there is authorized to be appropriated to such Institute $650,000,000 for each of fiscal years 2022 through 2026.

TITLE II—OTHER PROVISIONS

SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP PROGRAM.

Section 597(c) of the Public Health Service Act (42 U.S.C. 297ll(c)) is amended by striking ''$12,669,000 for each of fiscal years 2018 through 2022'' and inserting ''$25,000,000 for each of fiscal years 2022 through 2026''.

SEC. 202. STUDY ON THE EFFECTS OF SMARTPHONE AND SOCIAL MEDIA USE ON ADOLESCENTS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall conduct or support research on—

(1) smartphone and social media use by adolescents; and

(2) the effects of such use on—

(A) emotional, behavioral, and physical health and development; and

(B) disparities in minority and underserved populations.

(b) REPORT.—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to the Congress, and make publicly available, a report on the findings of research described in this section.

SEC. 203. TECHNICAL CORRECTION.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) by redesignating the second section 550 (42 U.S.C. 290ee–10) (relating to Sobriety Treatment And Recovery Teams) as section 553; and

(2) by moving such section, as so redesignated, so as to appear after section 552 (42 U.S.C. 290ee–7).

HELPING EMERGENCY RESPONDERS OVERCOME ACT

H.R. 1480

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Helping Emergency Responders Overcome Act'' or the ''HERO Act''.

SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following:

''SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

''(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and other agencies as the Secretary determines appropriate, may—

''(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—

''(A) collecting data on the suicide incidence among public safety officers; and

''(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and

''(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).

''(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information:

''(1) The total number of suicides in the United States among all public safety officers in a given calendar year.

''(2) Suicide rates for public safety officers in a given calendar year, disaggregated by—

''(A) age and gender of the public safety officer;

''(B) State;

''(C) occupation; including both the individual's role in their public safety agency and their primary occupation in the case of volunteer public safety officers;

''(D) where available, the status of the public safety officer as volunteer, paid-on-call, or career; and

''(E) status of the public safety officer as active or retired.

''(c) CONSULTATION DURING DEVELOPMENT.—In developing the Public Safety Officer Suicide Reporting System, the Secretary shall consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appropriate, the following:

''(1) Public health experts with experience in developing and maintaining suicide registries.

''(2) Organizations that track suicide among public safety officers.

''(3) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

''(4) Clinicians with experience in diagnosing and treating mental health issues.

''(5) Active and retired volunteer, paid-on-call, and career public safety officers.

''(6) Relevant national police, and fire and emergency medical services, organizations.

''(d) DATA PRIVACY AND SECURITY.—In developing and maintaining the Public Safety Officer Suicide Reporting System, the Secretary shall ensure that all applicable Federal privacy and security protections are followed to ensure that—

''(1) the confidentiality and anonymity of suicide victims and their families are protected, including so as to ensure that data cannot be used to deny benefits; and

''(2) data is sufficiently secure to prevent unauthorized access.

''(e) REPORTING.—

''(1) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Emergency Responders Overcome Act, and biannually thereafter, the Secretary shall submit a report to the Congress on the suicide incidence among public safety officers. Each such report shall—

''(A) include the number and rate of such suicide incidence, disaggregated by age, gender, and State of employment;

''(B) identify characteristics and contributing circumstances for suicide among public safety officers;

''(C) disaggregate rates of suicide by—

''(i) occupation;

''(ii) status as volunteer, paid-on-call, or career; and

''(iii) status as active or retired;

''(D) include recommendations for further study regarding the suicide incidence among public safety officers;

''(E) specify in detail, if found, any obstacles in collecting suicide rates for volunteers and include recommended improvements to overcome such obstacles;

''(F) identify options for interventions to reduce suicide among public safety officers; and

''(G) describe procedures to ensure the confidentiality and anonymity of suicide victims and their families, as described in subsection (d)(1).

''(2) PUBLIC AVAILABILITY.—Upon the submission of each report to the Congress under paragraph (1), the Secretary shall make the full report publicly available on the website of the Centers for Disease Control and Prevention.

''(f) DEFINITION.—In this section, the term 'public safety officer' means—

''(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968; or

''(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

''(g) PROHIBITED USE OF INFORMATION.—Notwithstanding any other provision of law, if an individual is identified as deceased based on information contained in the Public Safety Officer Suicide Reporting System, such information may not be used to deny or rescind life insurance payments or other benefits to a survivor of the deceased individual.''.

SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

''SEC. 320C. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

''(a) IN GENERAL.—The Secretary may award grants to eligible entities for the purpose of establishing or enhancing peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies.

''(b) PROGRAM DESCRIPTION.—A peer-support behavioral health and wellness program funded under this section shall—

''(1) use career and volunteer members of fire departments or emergency medical services agencies to serve as peer counselors;

''(2) provide training to members of career, volunteer, and combination fire departments or emergency medical service agencies to serve as such peer counselors;

''(3) purchase materials to be used exclusively to provide such training; and

''(4) disseminate such information and materials as are necessary to conduct the program.

''(c) DEFINITION.—In this section:

''(1) The term 'eligible entity' means a nonprofit organization with expertise and experience with respect to the health and life safety of members of fire and emergency medical services agencies.

''(2) The term 'member'—

''(A) with respect to an emergency medical services agency, means an employee, regardless of rank or whether the employee receives compensation (as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968); and

''(B) with respect to a fire department, means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.''.

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), the amendment instruction in section 1603 of such Act is amended by striking ''Part B of the Public Health Service Act'' and inserting ''Part B of title III of the Public Health Service Act''.

SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 3, is further amended by adding at the end the following:

''SEC. 320D. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

''(a) IN GENERAL.—The Secretary may award grants to eligible entities for the purpose of establishing or enhancing behavioral health and wellness programs for health care providers.

''(b) PROGRAM DESCRIPTION.—A behavioral health and wellness program funded under this section shall—

''(1) provide confidential support services for health care providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars;

''(2) provide training to health care providers to serve as peer counselors to other health care providers;

''(3) purchase materials to be used exclusively to provide such training; and

''(4) disseminate such information and materials as are necessary to conduct such training and provide such peer counseling.

''(c) DEFINITIONS.—In this section, the term 'eligible entity' means a hospital, including a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) or a disproportionate share hospital (as defined under section 1923(a)(1)(A) of such Act), a Federally-qualified health center (as defined in section 1905(1)(2)(B) of such Act), or any other health care facility.''.

SEC. 5. DEVELOPMENT OF RESOURCES FOR EDUCATING MENTAL HEALTH PROFESSIONALS ABOUT TREATING FIRE FIGHTERS AND EMERGENCY MEDICAL SERVICES PERSONNEL.

(a) IN GENERAL.—The Administrator of the United States Fire Administration, in consultation with the Secretary of Health and Human Services, shall develop and make publicly available resources that may be

used by the Federal Government and other entities to educate mental health professionals about—

(1) the culture of Federal, State, Tribal, and local career, volunteer, and combination fire departments and emergency medical services agencies;

(2) the different stressors experienced by firefighters and emergency medical services personnel, supervisory firefighters and emergency medical services personnel, and chief officers of fire departments and emergency medical services agencies;

(3) challenges encountered by retired firefighters and emergency medical services personnel; and

(4) evidence-based therapies for mental health issues common to firefighters and emergency medical services personnel within such departments and agencies.

(b) CONSULTATION.—In developing resources under subsection (a), the Administrator of the United States Fire Administration and the Secretary of Health and Human Services shall consult with national fire and emergency medical services organizations.

(c) DEFINITIONS.—In this section:

(1) The term ''firefighter'' means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.

(2) The term ''emergency medical services personnel'' means any employee, regardless of rank or whether the employee receives compensation, as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284(7)).

(3) The term ''chief officer'' means any individual who is responsible for the overall operation of a fire department or an emergency medical services agency, irrespective of whether such individual also serves as a firefighter or emergency medical services personnel.

SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR ADDRESSING POSTTRAUMATIC STRESS DISORDER IN PUBLIC SAFETY OFFICERS.

(a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall—

(1) develop and assemble evidence-based best practices and other resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring disorders in public safety officers; and

(2) reassess and update, as the Secretary determines necessary, such best practices and resources, including based upon the options for interventions to reduce suicide among public safety officers identified in the annual reports required by section 317W(e)(1)(F) of the Public Health Service Act, as added by section 2 of this Act.

(b) CONSULTATION.—In developing, assembling, and updating the best practices and resources under subsection (a), the Secretary of Health and Human Services shall consult with, at a minimum, the following:

(1) Public health experts.

(2) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

(3) Clinicians with experience in diagnosing and treating mental health issues.

(4) Relevant national police, fire, and emergency medical services organizations.

(c) AVAILABILITY.—The Secretary of Health and Human Services shall make the best practices and resources under subsection (a) available to Federal, State, and local fire, law enforcement, and emergency medical services agencies.

(d) FEDERAL TRAINING AND DEVELOPMENT PROGRAMS.—The Secretary of Health and Human Services shall work with Federal departments and agencies, including the United States Fire Administration, to incorporate education and training on the best practices and resources under subsection (a) into Federal training and development programs for public safety officers.

(e) DEFINITION.—In this section, the term ''public safety officer'' means—

(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284); or

(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

CAMPAIGN TO PREVENT SUICIDE ACT

H.R. 2862

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Campaign to Prevent Suicide Act''.

SEC. 2. NATIONAL SUICIDE PREVENTION LIFELINE.

Section 520E–3(b)(2) of the Public Health Service Act (42 U.S.C. 290bb–36c(b)(2)) is amended by inserting after ''suicide prevention hotline'' the following: '', under the universal telephone number designated under Section 251(e)(4) of the Communications Act of 1934,''.

SEC. 3. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—

(1) IN GENERAL.—Not later than the date that is three years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ''Assistant Secretary'') and the Director of the Centers for Disease Control and Prevention (referred to in this section as the ''Director''), shall conduct a national suicide prevention media campaign (referred to in this section as the ''national media campaign''), in accordance with the requirements of this section, for purposes of—

(A) preventing suicide in the United States;

(B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and

(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c)), any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse Mental Health Services Administration, and other support resources determined appropriate by the Secretary.

(2) ADDITIONAL CONSULTATION.—In addition to consulting with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, State, local, Tribal, and territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

(b) TARGET AUDIENCES.—

(1) TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

(2) TARGETING CERTAIN LOCAL AREAS.—The Secretary shall, to the maximum extent practicable, use amounts made available under subsection (f) for media that targets certain local areas or populations at disproportionate risk for suicide.

(c) USE OF FUNDS.—

(1) REQUIRED USES.—

(A) IN GENERAL.—The Secretary shall, if reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

(i) Testing and evaluation of advertising.

(ii) Evaluation of the effectiveness of the national media campaign.

(iii) Operational and management expenses.

(iv) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

(B) SPECIFIC REQUIREMENTS.—

(i) TESTING AND EVALUATION OF ADVERTISING.—In testing and evaluating advertising under subparagraph (A)(i), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying out the purposes of the national media campaign.

(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(ii), the Secretary shall take into account—

(I) the number of unique calls that are made to the suicide prevention hotline maintained under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

(II) the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

(III) whether the national media campaign has contributed to increased awareness that suicidal individuals should be engaged, rather than ignored; and

(IV) such other measures of evaluation as the Secretary determines are appropriate.

(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Government or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

(B) Entertainment industry outreach, interactive outreach, media projects and activities, public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be

obligated or expended for any of the following:

(1) To supplant current suicide prevention campaigns.

(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

(e) REPORT TO CONGRESS.—Not later than 18 months after implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;

(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

(3) plans to purchase advertising time and space;

(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

(f) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated $10,000,000 for each of fiscal years 2022 through 2026.

SUICIDE PREVENTION ACT

H.R. 2955

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Suicide Prevention Act''.

SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

Title III of the Public Health Service Act is amended by inserting after section 317U of such Act (42 U.S.C. 247b–23) the following:

''SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

''(a) IN GENERAL.—The Secretary shall award grants to State, local, Tribal, and territorial public health departments for the expansion of surveillance of self-harm.

''(b) DATA SHARING BY GRANTEES.—As a condition of receipt of such grant under subsection (a), each grantee shall agree to share with the Centers for Disease Control and Prevention in real time, to the extent feasible and as specified in the grant agreement, data on suicides and self-harm for purposes of—

''(1) tracking and monitoring self-harm to inform response activities to suicide clusters;

''(2) informing prevention programming for identified at-risk populations; and

''(3) conducting or supporting research.

''(c) DISAGGREGATION OF DATA.—The Secretary shall provide for the data collected through surveillance of self-harm under subsection (b) to be disaggregated by the following categories:

''(1) Nonfatal self-harm data of any intent.

''(2) Data on suicidal ideation.

''(3) Data on self-harm where there is no evidence, whether implicit or explicit, of suicidal intent.

''(4) Data on self-harm where there is evidence, whether implicit or explicit, of suicidal intent.

''(5) Data on self-harm where suicidal intent is unclear based on the available evidence.

''(d) PRIORITY.—In making awards under subsection (a), the Secretary shall give priority to eligible entities that are—

''(1) located in a State with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined by the Director of the Centers for Disease Control and Prevention;

''(2) serving an Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act) with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes; or

''(3) located in a State with a high rate of coverage of statewide (or Tribal) emergency department visits, as determined by the Director of the Centers for Disease Control and Prevention.

''(e) GEOGRAPHIC DISTRIBUTION.—In making grants under this section, the Secretary shall make an effort to ensure geographic distribution, taking into account the unique needs of rural communities, including—

''(1) communities with an incidence of individuals with serious mental illness, demonstrated suicidal ideation or behavior, or suicide rates that are above the national average, as determined by the Assistant Secretary for Mental Health and Substance Use;

''(2) communities with a shortage of prevention and treatment services, as determined by the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration; and

''(3) other appropriate community-level factors and social determinants of health such as income, employment, and education.

''(f) PERIOD OF PARTICIPATION.—To be selected as a grant recipient under this section, a State, local, Tribal, or territorial public health department shall agree to participate in the program for a period of not less than 4 years.

''(g) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance and training to grantees for collecting and sharing the data under subsection (b).

''(h) DATA SHARING BY HHS.—Subject to subsection (b), the Secretary shall, with respect to data on self-harm that is collected pursuant to this section, share and integrate such data through—

''(1) the National Syndromic Surveillance Program's Early Notification of Community Epidemics (ESSENCE) platform (or any successor platform);

''(2) the National Violent Death Reporting System, as appropriate; or

''(3) another appropriate surveillance program, including such a program that collects data on suicides and self-harm among special populations, such as members of the military and veterans.

''(i) RULE OF CONSTRUCTION REGARDING APPLICABILITY OF PRIVACY PROTECTIONS.—Nothing in this section shall be construed to limit or alter the application of Federal or State law relating to the privacy of information to data or information that is collected or created under this section.

''(j) REPORT.—

''(1) SUBMISSION.—Not later than 3 years after the date of enactment of this Act, the Secretary shall evaluate the suicide and self-harm syndromic surveillance systems at the Federal, State, and local levels and submit a report to Congress on the data collected under subsections (b) and (c) in a manner that prevents the disclosure of individually identifiable information, at a minimum, consistent with all applicable privacy laws and regulations.

''(2) CONTENTS.—In addition to the data collected under subsections (b) and (c), the report under paragraph (1) shall include—

''(A) challenges and gaps in data collection and reporting;

''(B) recommendations to address such gaps and challenges; and

''(C) a description of any public health responses initiated at the Federal, State, or local level in response to the data collected.

''(k) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $20,000,000 for each of fiscal years 2022 through 2026.''.

SEC. 3. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PREVENTION SERVICES.

Part B of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

''SEC. 520N. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PREVENTION SERVICES.

''(a) IN GENERAL.—The Secretary of Health and Human Services shall award grants to hospital emergency departments to provide self-harm and suicide prevention services.

''(b) ACTIVITIES SUPPORTED.—

''(1) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall use amounts under the grant to implement a program or protocol to better prevent suicide attempts among hospital patients after discharge, which may include—

''(A) screening patients for self-harm and suicide in accordance with the standards of practice described in subsection (e)(1) and standards of care established by appropriate medical and advocacy organizations;

''(B) providing patients short-term self-harm and suicide prevention services in accordance with the results of the screenings described in subparagraph (A); and

''(C) referring patients, as appropriate, to a health care facility or provider for purposes of receiving long-term self-harm and suicide prevention services, and providing any additional follow up services and care identified as appropriate as a result of the screenings and short-term self-harm and suicide prevention services described in subparagraphs (A) and (B).

''(2) USE OF FUNDS TO HIRE AND TRAIN STAFF.—Amounts awarded under subsection (a) may be used to hire clinical social workers, mental and behavioral health care professionals, and support staff as appropriate, and to train existing staff and newly hired staff to carry out the activities described in paragraph (1).

''(c) GRANT TERMS.—A grant awarded under subsection (a)—

''(1) shall be for a period of 3 years; and

''(2) may be renewed subject to the requirements of this section.

''(d) APPLICATIONS.—A hospital emergency department seeking a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

''(e) STANDARDS OF PRACTICE.—

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this section, the Secretary shall develop standards of practice for screening patients for self-harm and suicide for purposes of carrying out subsection (b)(1)(C).

''(2) CONSULTATION.—The Secretary shall develop the standards of practice described in paragraph (1) in consultation with individuals and entities with expertise in self-harm and suicide prevention, including public, private, and non-profit entities.

''(f) REPORTING.—

''(1) REPORTS TO THE SECRETARY.—

''(A) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall, at least quarterly for the duration of the grant, submit to the Secretary a report evaluating the activities supported by the grant.

''(B) MATTERS TO BE INCLUDED.—The report required under subparagraph (A) shall include—

''(i) the number of patients receiving—

''(I) screenings carried out at the hospital emergency department;

''(II) short-term self-harm and suicide prevention services at the hospital emergency department; and

''(III) referrals to health care facilities for the purposes of receiving long-term self-harm and suicide prevention;

''(ii) information on the adherence of the hospital emergency department to the standards of practice described in subsection (f)(1); and

''(iii) other information as the Secretary determines appropriate to evaluate the use of grant funds.

''(2) REPORTS TO CONGRESS.—Not later than 2 years after the date of the enactment of the Suicide Prevention Act, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the grant program under this section, including—

''(A) a summary of reports received by the Secretary under paragraph (1); and

''(B) an evaluation of the program by the Secretary.

''(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $30,000,000 for each of fiscal years 2022 through 2026.''.

SUICIDE PREVENTION LIFELINE IMPROVEMENT ACT OF 2021

H.R. 2981

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Suicide Prevention Lifeline Improvement Act of 2021''.

SEC. 2. SUICIDE PREVENTION LIFELINE.

(a) PLAN.—Section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended—

(1) by redesignating subsection (c) as subsection (e); and

(2) by inserting after subsection (b) the following:

''(c) PLAN.—

''(1) IN GENERAL.—For purposes of maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality service.

''(2) CONTENTS.—The plan required by paragraph (1) shall include the following:

''(A) Quality assurance provisions, including—

''(i) clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the hotline, including at backup call centers; and

''(ii) quantifiable timeframes to track the progress of the hotline in meeting such performance indicators and objectives.

''(B) Standards that crisis centers and backup centers must meet—

''(i) to participate in the network under subsection (b)(1); and

''(ii) to ensure that each telephone call, online chat message, and other communication received by the hotline, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology or other guidance determined by the Secretary to be appropriate.

''(C) Guidelines for crisis centers and backup centers to implement evidence-based practices including with respect to followup and referral to other health and social services resources.

''(D) Guidelines to ensure that resources are available and distributed to individuals using the hotline who are not personally in a time of crisis but know of someone who is.

''(E) Guidelines to carry out periodic testing of the hotline, including at crisis centers and backup centers, during each fiscal year to identify and correct any problems in a timely manner.

''(F) Guidelines to operate in consultation with the State department of health, local governments, Indian tribes, and tribal organizations.

''(3) INITIAL PLAN; UPDATES.—The Secretary shall—

''(A) not later than 6 months after the date of enactment of the Suicide Prevention Lifeline Improvement Act of 2021, complete development of the initial version of the plan required by paragraph (1), begin implementation of such plan, and make such plan publicly available; and

''(B) periodically thereafter, update such plan and make the updated plan publicly available.''.

(b) TRANSMISSION OF DATA TO CDC.—Section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended by inserting after subsection (c) of such section, as added by subsection (a) of this section, the following:

''(d) TRANSMISSION OF DATA TO CDC.—The Secretary shall formalize and strengthen agreements between the National Suicide Prevention Lifeline program and the Centers for Disease Control and Prevention to transmit any necessary epidemiological data from the program to the Centers, including local call center data, to assist the Centers in suicide prevention efforts.''.

(c) AUTHORIZATION OF APPROPRIATIONS.—Subsection (e) of section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended to read as follows:

''(e) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated $50,000,000 for each of fiscal years 2022 through 2024.

''(2) ALLOCATION.—Of the amount authorized to be appropriated by paragraph (1) for each of fiscal years 2022 through 2024, at least 80 percent shall be made available to crisis centers.''.

SEC. 3. PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out paragraph (1), there is authorized to be appropriated $5,000,000 for the period of fiscal years 2022 and 2023.

(b) REPORT.—Not later than 24 months after the date on which the pilot program under subsection (a) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

(1) a full description of the program;

(2) the number of individuals served by the program;

(3) the average wait time for each individual to receive a response;

(4) the cost of the program, including the cost per individual served; and

(5) any other information the Secretary determines appropriate.

SEC. 4. HHS STUDY AND REPORT.

Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E–3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Secretary shall—

(1) complete a study on—

(A) the implementation of such plan, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E–3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E–3(c); and

(B) in consultation with the Director of the Centers for Disease Control and Prevention, options to expand data gathering from calls to the Suicide Prevention Lifeline in order to better track aspects of usage such as repeat calls, consistent with applicable Federal and State privacy laws; and

(2) submit a report to the Congress on the results of such study, including recommendations on whether additional legislation or appropriations are needed.

SEC. 5. GAO STUDY AND REPORT.

(a) IN GENERAL.—Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E–3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Comptroller General of the United States shall—

(1) complete a study on the Suicide Prevention Lifeline; and

(2) submit a report to the Congress on the results of such study.

(b) ISSUES TO BE STUDIED.—The study required by subsection (a) shall address—

(1) the feasibility of geolocating callers to direct calls to the nearest crisis center;

(2) operation shortcomings of the Suicide Prevention Lifeline;

(3) geographic coverage of each crisis call center;

(4) the call answer rate of each crisis call center;

(5) the call wait time of each crisis call center;

(6) the hours of operation of each crisis call center;

(7) funding avenues of each crisis call center;

(8) the implementation of the plan under section 520E–3(c) of the Public Health Service Act, as added by section 2(a) of this Act, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E–3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E–3(c); and

(9) service to individuals requesting a foreign language speaker, including—

(A) the number of calls or chats the Lifeline receives from individuals speaking a foreign language;

(B) the capacity of the Lifeline to handle these calls or chats; and

(C) the number of crisis centers with the capacity to serve foreign language speakers, in house.

(c) RECOMMENDATIONS.—The report required by subsection (a) shall include recommendations for improving the Suicide

Prevention Lifeline, including recommendations for legislative and administrative actions.

SEC. 6. DEFINITION.

In this Act, the term ''Suicide Prevention Lifeline'' means the suicide prevention hotline maintained pursuant to section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c).

The SPEAKER pro tempore. Pursuant to House Resolution 380, the ordering of the yeas and nays on postponed motions to suspend the rules with respect to such measures is vacated to the end that all such motions are considered as withdrawn.

The question is on the motion offered by the gentleman from Maryland (Mr. HOYER) that the House suspend the rules and pass the bills.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. MOONEY. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 349, nays 74, not voting 7, as follows:

[Roll No. 137]

YEAS—349

Adams
Aguilar
Allred
Amodei
Armstrong
Auchincloss
Axne
Bacon
Baird
Balderson
Barr
Barragán
Bass
Beatty
Bentz
Bera
Bergman
Beyer
Bice (OK)
Bilirakis
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Bost
Bourdeaux
Bowman
Boyle, Brendan F.
Brady
Brown
Brownley
Buchanan
Bucshon
Burgess
Bush
Bustos
Butterfield
Calvert
Carbajal
Cárdenas
Carl
Carson
Carter (GA)
Carter (LA)
Cartwright
Case
Casten
Castor (FL)
Castro (TX)
Cawthorn
Chabot
Cheney
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Cole
Comer
Connolly
Cooper
Correa
Costa
Courtney
Craig
Crenshaw
Crist
Crow
Cuellar
Curtis
Davids (KS)
Davis, Danny K.
Davis, Rodney
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
Deutch
Diaz-Balart
Dingell
Doggett
Doyle, Michael F.
Escobar
Eshoo
Espaillat
Evans
Feenstra
Ferguson
Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Fletcher
Fortenberry
Foster
Frankel, Lois
Franklin, C. Scott
Gallagher
Gallego
Garamendi
Garbarino
Garcia (CA)
García (IL)
Garcia (TX)
Gibbs
Gimenez
Gomez
Gonzales, Tony
Gonzalez (OH)
Gonzalez, Vicente
Gottheimer
Granger
Graves (LA)
Graves (MO)
Green, Al (TX)
Griffith
Grijalva
Guthrie
Hagedorn
Harder (CA)
Hartzler
Hayes
Herrera Beutler
Higgins (NY)
Hill
Himes
Hinson
Hollingsworth
Horsford
Houlahan
Hoyer
Hudson
Huffman
Issa
Jackson Lee
Jacobs (CA)
Jacobs (NY)
Jayapal
Jeffries
Johnson (GA)
Johnson (OH)
Johnson (SD)
Johnson (TX)
Jones
Joyce (OH)
Joyce (PA)
Kahele
Kaptur
Katko
Keating
Keller
Kelly (IL)
Kelly (PA)
Khanna
Kildee
Kilmer
Kim (CA)
Kim (NJ)
Kind
Kinzinger
Kirkpatrick
Krishnamoorthi
Kuster
Kustoff
LaHood
Lamb
Langevin
Larsen (WA)
Larson (CT)
Latta
LaTurner
Lawrence
Lawson (FL)
Lee (CA)
Lee (NV)
Leger Fernandez
Letlow
Levin (CA)
Levin (MI)
Lieu
Lofgren
Long
Lowenthal
Lucas
Luetkemeyer
Luria
Lynch
Mace
Malinowski
Malliotakis
Maloney, Carolyn B.
Maloney, Sean
Manning
Mast
Matsui
McBath
McCarthy
McCaul
McClain
McCollum
McEachin
McGovern
McHenry
McKinley
McNerney
Meeks
Meijer
Meng
Meuser
Mfume
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (UT)
Moore (WI)
Morelle
Moulton
Mrvan
Mullin
Murphy (NC)
Nadler
Napolitano
Neal
Neguse
Nehls
Newhouse
Newman
Norcross
Nunes
O'Halleran
Obernolte
Ocasio-Cortez
Omar
Owens
Pallone
Panetta
Pappas
Pascrell
Payne
Perlmutter
Peters
Phillips
Pingree
Pocan
Porter
Pressley
Price (NC)
Quigley
Raskin
Reed
Reschenthaler
Rice (NY)
Rodgers (WA)
Rogers (KY)
Ross
Roybal-Allard
Ruiz
Ruppersberger
Rush
Rutherford
Ryan
Salazar
Sánchez
Sarbanes
Scalise
Scanlon
Schakowsky
Schiff
Schneider
Schrader
Schrier
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sessions
Sewell
Sherman
Simpson
Sires
Slotkin
Smith (MO)
Smith (NE)
Smith (WA)
Smucker
Soto
Spanberger
Spartz
Speier
Stanton
Stauber
Steel
Stefanik
Steil
Stevens
Stewart
Stivers
Strickland
Swalwell
Takano
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Timmons
Titus
Tlaib
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Turner
Underwood
Upton
Valadao
Van Drew
Van Duyne
Vargas
Veasey
Vela
Velázquez
Wagner
Walberg
Walorski
Waltz
Wasserman Schultz
Waters
Watson Coleman
Welch
Wenstrup
Westerman
Wexton
Wild
Williams (GA)
Wilson (FL)
Wilson (SC)
Wittman
Womack
Yarmuth
Young
Zeldin

NAYS—74

Aderholt
Allen
Arrington
Babin
Banks
Biggs
Bishop (NC)
Boebert
Brooks
Buck
Budd
Burchett
Cammack
Carter (TX)
Cline
Cloud
Clyde
Crawford
Davidson
DesJarlais
Donalds
Duncan
Emmer
Estes
Fallon
Foxx
Fulcher
Gaetz
Gohmert
Good (VA)
Gooden (TX)
Gosar
Green (TN)
Greene (GA)
Grothman
Guest
Harris
Harshbarger
Hern
Herrell
Hice (GA)
Higgins (LA)
Huizenga
Jackson
Johnson (LA)
Jordan
Kelly (MS)
LaMalfa
Lamborn
Lesko
Loudermilk
Mann
Massie
McClintock
Miller (IL)
Moore (AL)
Norman
Palazzo
Palmer
Pence
Perry
Pfluger
Posey
Rice (SC)
Rogers (AL)
Rose
Rosendale
Rouzer
Roy
Steube
Taylor
Tiffany
Weber (TX)
Williams (TX)

NOT VOTING—7

Dunn
Golden
Murphy (FL)
Sherrill
Smith (NJ)
Suozzi
Webster (FL)

□ 1657

Mr. BANKS changed his vote from ''yea'' to ''nay.''

So (two-thirds being in the affirmative) the rules were suspended and the bills were passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Allred (Stevens)
Cárdenas (Gallego)
Crenshaw (Pfluger)
Eshoo (Thompson (CA))
Fallon (Joyce (OH))
Grijalva (García (IL))
Johnson (TX) (Jeffries)
Kirkpatrick (Stanton)
Lawson (FL) (Evans)
Lieu (Beyer)
Lofgren (Jeffries)
Lowenthal (Beyer)
McEachin (Wexton)
Meng (Clark (MA))
Mfume (Connolly)
Moore (WI) (Beyer)
Napolitano (Correa)
Owens (Stewart)
Payne (Pallone)
Porter (Wexton)
Ruiz (Aguilar)
Ruppersberger (Raskin)
Rush (Underwood)
Sewell (DelBene)
Strickland (DelBene)
Torres (CA) (Barragán)
Wilson (FL) (Hayes)

HONORING CORPORAL KEITH HEACOOK OF THE DELMAR POLICE DEPARTMENT

(Mr. HARRIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HARRIS. Mr. Speaker, today I rise to honor the life and sacrifice of Corporal Keith Heacook, a police officer whose funeral I attended on Monday. He was tragically killed in a violent assault while responding to an early morning domestic disturbance call. As a member of the Delmar Police Department, a police force that straddles the Maryland-Delaware border, Corporal Heacook honorably and selflessly served not just my district, but also the constituents of southern Delaware.

Mr. Speaker, it was appropriate that a man who laid down his life in service to his community was given such a fitting funeral with over 1,000 law enforcement officers paying their final respects.

Coincidentally, this week, we honor the courage and sacrifice of all our men and women in blue nationwide—men and women who literally put their lives on the line every day so that we can live safely in our homes and in our communities. Corporal Heacook leaves behind a widow and a young son.

Mr. Speaker, I ask everyone to join me in praying for his family during this challenging time and for all the families of all the brave men and women who have laid down their lives to protect us.

HONORING OUR HEROES—NATIONAL POLICE WEEK

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, who are we if we cannot honor and celebrate those who have given their ultimate in the National Police Week?